URGENT: DRUG RECALL – RESPONSE FORM

Please Complete This Form and Fax to: 817-868-5362
or Email to: rxrecalls@inmar.com

Product Name	Package Description	Lot Number	NDC Number	Expiration Date
Oxcarbazepine Tablets, 600mg	100 Count	HAC1474A	62756-185-88	03/2023
	1000 Count	HAC1474B	62756-185-18	03/2023
	500 Count	HAC1503A	62756-185-13	03/2023

Please check ALL appropriate boxes.

□ I have read and understand the recall instructions provided in the November 30, 2022 letter.

□ I have checked our stock and have quarantined inventory consisting of _____ units (number of

full cartons) or _____ prescription packs (partial cartons).

□ Indicate disposition of recalled product:

    □ returned (**specify quantity, date and method**)/held for return;

        Number of Labels Required for Return to Inmar: _____

    □ previously destroyed (**specify quantity, date and method**);

□ I have identified and notified my retail customers that were shipped or may have been
shipped this product by (**specify date and method of notification**); or

    □ Attached is a list of retail customers who received/may have received this product. Please
notify my customers.

Any adverse events associated with recalled product? □ Yes □ No
If yes, please explain: _____

For return of affected product, please email rxrecalls@inmar.com or call 1- 877-535-7678.

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Please check the appropriate box(es) to describe your business

□ wholesaler/distributor   □ retailer
□ grocery corporate headquarters   □ hospital pharmacies
□ repacker   □ hospital/medical facility
□ pharmacy   □ Other:

Customer Name: _____ Title: _____

Company: _____ DEA Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Customer Debit Memo Number: _____

Wholesaler: _____ City\State: _____

Wholesaler DEA Number: _____

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